

Entered -6/1/98 - SB
CL 98L0379 - GWENDOLYN BURNS

CLAIM OF: ALLISON LUNDGREN
869 Monroe Circle
Atlanta, Georgia 30308

99-*P*-1316

For damages alleged to have been sustained
as a result of property damage on November
21, 1997 at 869 Monroe Circle.

THIS ADVERSED REPORT IS

APPROVED:

R. Rubens
ROSALIND A. RUBENS
DEPUTY CITY ATTORNEY

Public Safety
8/10/99

10/26/99

8/31/99

9/14/99

9/28/99

10/26/99

11/9/99

11/29/99

12/14/99

1/11/00

2/11/00

2/15/00

2/29/00

3/14/00

3/28/00

4/11/00

5/9/00

5/30/00

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 98L0379

Date: July 23, 1999

Claimant /Victim ALLISON LUNDGREN
BY: (Atty) (Ins. Co.) _____
Address: 869 Monroe Circle, NE Atlanta, Georgia 30308
Subrogation: _____ Claim for Property damage \$ 807.57 Bodily Injury \$ _____
Date of Notice: 5/21/98 Method: Written, proper _____ Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 _____ Ante Litem (6 Mo.) _____
Date of Occurrence 11/21/97 Place: 885 Monroe Circle, NE
Department PUBLIC WORKS Bureau: Waste Water Services Division _____
Employee involved _____ Dept. Action Taken _____

NATURE OF CLAIM: The claimant alleges that she sustained property damage when storm drains from an adjacent property overflowed causing extensive flooding to claimant's home. However, the claim as presented does not comply with the requirements of notice as set forth in the O.C.G.A. §36-33-5. The six month statute of limitations expired prior to receipt of the claim.

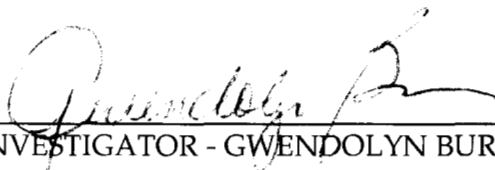
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

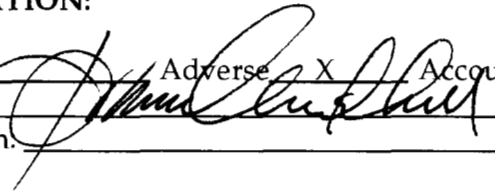
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice X More than Six Months X Other _____ Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,

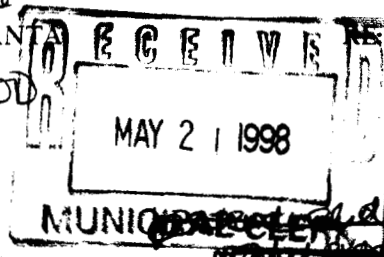

INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 07-29-99
Committee Action: _____ Council Action _____

404-330-6034 ext 5964 or 3
COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

Suite 2700



CLAIM FOR DAMAGES

Today's Date: 5/21/98

ENTERED - 6-1-98 - SB

98L0379 - GWEN BURNS

BURNS
5/22/98
On

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 807.57 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 11-21-97 2. Time of Incident: 7pm 3. Police called: X (911)
(month/day/year) Yes No

4. Location of incident (including street address): Monroe Circle

5. Name of your insurance company: No flood insurance Policy No. _____

6. State what and how incident occurred: The city of Atlanta sewer overflowed causing flooding of homes on Monroe Circle including our home at 869 Monroe Circle.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: Terry Stacey Dietzler 873 Monroe Cir. 404-874-0020
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

99-R-1316

Allison Lundgren
(Print Claimant's Name)

869 Monroe Circle
(Address)

Atlanta Ga 30308
(City, State and Zip Code)

404-636-5188 404-874-8958
(Work Number) (Home Number)